

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018684

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1064

STATE FILE NUMBER

FILED APR 16 1963

1. PLACE OF DEATH

a. COUNTY St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Manchester,

Length of stay in 1b
13 Months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Manchester Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3647 Rutger Str.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
JENNIE

Middle
L.

Last
WHELAN

4. DATE OF DEATH

Month
Mar.

Day
27th,

Year
1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
5-5-1876

9. AGE (last birthday)
86

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework

10b. KIND OF BUSINESS OR INDUSTRY
at Home

11. BIRTHPLACE (City and state or country)
Stubenville, Ohio

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Unknown Hanvey

13b. MOTHER'S MAIDEN NAME

Mary Burke

14. NAME OF HUSBAND OR WIFE

Late Walter A. Whelan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

None

17. INFORMANT

William Frahm-3651 Rutger Str.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Venous Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH
5 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Esophageal Varicocities

Don't know

DUE TO (c)

Esophageal Hiatus Hernia

Don't know

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atherosclerosis

560.4

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 23, 1962 to March 26, 1963 and last saw him alive on March 26th, 1963
Death occurred at 5:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Rafael W. Zapp, M.D.

22b. ADDRESS

Box 122, Manchester, Mo.

22c. DATE SIGNED

3-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-29-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis,

(State)
Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

3-28-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

INSTEAD OF

ITEM NO.

VS 300
Rev. 4/59

1 4000

2 2189

3

4 1

5 2

6

7 1

8 2

9

10

11

12 86-1

13

88

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin A. McSweeney

Licensed Embalmer No. 3024

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.